WORKSHOP I

*STANDARDS AND QUALITY CONTROLS**

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Dr. McIntosh opened the discussion by saying that standards and controls are obviously aimed at separating the fit from the unfit among the multitude of persons and institutions attempting to contribute to the preservation or restoration of health. The criteria of excellence, and even of competence, in health personnel and in health agencies, shift with advancing progress, and for this reason periodic review and reassessment is important if the community at large is to receive the full benefit of scientific progress.

It is a comparatively simple matter, Dr. McIntosh pointed out, to set up satisfactory standards and quality controls of the less personal components of the total health program—for such institutions as a clinical laboratory equipped to perform urinalyses, blood counts, blood typing, etc., or for a biochemical or microbiological laboratory. However, the task becomes more difficult, the more the human element enters in; one can draw up a list of increasingly difficult assignments, ranging from nursing homes, on through general hospitals, specialty hospitals, hospitals equipped to undertake neurological surgery or thoracic surgery or open-heart surgery, and so on to the pinnacle of difficulty: the assessment and classification of professional personnel.

Sometimes, Dr. McIntosh noted, we dodge the issue of setting up standards by referring the decision to a committee or board of review.

* Fact Sheet #5.

Take, for example, a doctor who is a graduate of a Class A medical school, had his internship or residency at an approved hospital, is licensed to practice medicine in the State of New York, has been certified by the American Board of Pediatrics, is a member of the American Public Health Association, etc. On the face of it, these sound like pretty high qualifications. But, do elements of personal favoritism or prejudice or even of politics, ever come in? Dr. McIntosh left the question open for further discussion at this workshop, admitting the difficulty of finding an objective, unbiased solution, free from extraneous influences, yet one which provides for a continuously rising standard of performance, and which in doing so gives the community the kind of service it is entitled to receive.

Public and Professional Responsibility

The fact that many different agencies are involved in establishing and maintaining high standards of medical care was frequently pointed out by members of the workshop. Government is responsible for licensing institutions, and usually works in partnership with professional groups or obtains their assistance in establishing standards. It was added that, in some cases, government has taken the leadership in raising the level of quality care.

Under the law, the New York State Department of Social Welfare is responsible for inspection of hospitals and nursing homes (except proprietary hospitals and nursing homes in New York City) in order to see that standards are maintained. It was suggested that inspection procedures have not been adequate to promote a high level of care, and that it would be more appropriate to assign the function to the State Department of Health, which issues guides and is responsible for hospital review and planning, and also has qualified staff to carry out inspection.

Determining Standards

The discussion centered upon how standards could be determined, how raised and how applied. A definition of high quality medical care is needed if standards are to be set to ensure the desired level of care. The qualifications of doctors, nurses, social workers and other personnel are crucial.

In reference to standards of hospital care, there was considerable feeling that there should not be double standards by which hospitals are judged, which would result in two grades of care. However, it was recognized that not all hospitals have, or should expect to have, the facilities and skill available to provide all types of specialized treatment. By some, it was deplored that there is now too much competition among hospitals in this respect. Standards should be the same although they might be applied with special reference to the particular services offered in each hospital. But it was further noted that standards set by groups such as the Joint Commission on Accreditation present the problem of nationwide application, because differences in resources make it more difficult for some communities to live up to them. A plea was made for better communication between trustees of hospitals and medical boards. Many trustees neither know, nor understand, the standards of professional care as they apply to all types of personnel, and probably the initiative for closer communication should be taken by both groups.

Criteria in Medical Practice

From the discussion of hospital care, the workshop turned to the question of quality of medical practice. Here it was recognized that satisfactory criteria are even more difficult to establish. There are reliable ways of evaluating knowledge, at least at the time of entering practice, although it was suggested that usually a doctor has the greatest fund of professional information on the day he graduates from medical school. Therefore, some means should be developed to ensure ongoing education. There were differences of opinion on how to do so. One point of view held that a hospital staff appointment would provide this. Tissue, chart review and medical audit committees help guide the physician in maintaining standard practices. Another opinion was that there should be planned, continuous post-graduate education with possibly some process of retesting for professional competence.

It was recognized that the level of practice outside of hospitals is not known, and it was suggested that a major study of medical practice in New York City, both general and specialized, might well be made. It was agreed that criteria for obtaining and maintaining high quality are as important in the practice of all types of ancillary personnel as they are for doctors.

Implementation

Granted that standards have been established, some methods of implementation and control should be developed. It was agreed that any effort to obtain quality care should be carried out through encouragement and help, not by coercion. One means is to base reimbursement rates upon the quality of care provided. The more than twenty years' experience of the Department of Health in developing and maintaining standards of service to handicapped children was cited as a successful effort.*

A description was also given of the method used to apply standards in the Veterans Administration hospitals, starting with the organizations of deans of medical schools into committees to advise and assist in the clinical administration of V. A. Hospitals.

It was stated that one method by which quality control could be maintained was the periodic review of standards, taking into consideration that what is good practice today in any professional field may be outmoded tomorrow; that quantitative measurements based on tradition are often not valid, and that consultation and help in efforts to improve care are essential. It was also strongly recommended that high standards and quality of care are needed particularly in outpatient services both in voluntary and municipal hospitals.

While most of the discussion was concerned with professional responsibility in both standard setting and quality controls, it was agreed that the qualified nonprofessionals in the community should participate in both processes.

* Fact Sheet #4.